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ADDRESSES

Given At The

SOUTHEASTERN REGIONAL CONFERENCE
ON
SOCIAL HYGIENE

under the auspices of

INDEXED
The American Social Hygiene Association
The United States Public Health Service
The Social Protection Section,
Federal Security Agency
The Georgia Social Hygiene Council
The Georgia State Department of Public Health

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Conference Area
Tennessee, North Carolina, South Carolina
Georgia, Florida, Alabama, Mississippi

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THEME: SOCIAL HEALTH IN WAR AND PEACE

* * * * *

Wednesday, February 3, 1943
Biltmore Hotel, Atlanta, Georgia

* * * * *

THE GEORGIA SOCIAL HYGIENE COUNCIL
Room 240 State Office Building
Atlanta, Georgia

Dr. Ralph E. Wager
President
Emory University

Dr. C. Dan Bowdoin
Secretary
State Department of
Public Health, Atlanta

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(Revised June 13, 1936)

HEADQUARTERS FOURTH SERVICE COMMAND
OFFICE OF THE COMMANDING GENERAL

CGS/eh

Post Office Building
Atlanta, Georgia

February 27, 1943.

Dr. Thomas A. Storey, Special Consultant,
American Social Hygiene Association,
Georgian Terrace Hotel,
Atlanta, Georgia.

Dear Dr. Storey:

Inclosed herewith is a copy of Colonel Souder's paper which was presented at the Regional Conference on February 3, 1943, which has been approved for publication in the American Social Hygiene Association Journal.

When granting approval for publication of this paper The Surgeon General's Office requested that the Librarian of the Army Medical Library be notified by letter promptly when the article is published, giving the name of the journal, the title of the paper, and the date of publication. If reprints are furnished, they requested that one be forwarded to the Librarian for deposit in the reprint file of the Army Medical Library.

Sincerely yours,

Elizabeth Henderson
Secretary to Colonel Souder.

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THE HEALTH OF THE ARMY
AND
PROBLEMS IN SOCIAL HYGIENE

Chas. G. Souder, Colonel, Medical Corps

February 3, 1943

THE STATE OF NEW YORK
IN SENATE
JANUARY 13, 1943

REPORT OF THE COMMISSIONER OF HEALTH

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Mr. Chairman, ladies and gentlemen, the Medical Department of the Army is appreciative of this opportunity to discuss with you matters pertaining to the health of our troops. Doubtless many of you have near relatives in the service. An attempt will be made to tell you briefly of the provisions which the Army has set up for the medical care of our soldiers. Also, it is hoped that there can be pointed out to you things which your organization may be able to do which should prove of great assistance in the preservation of the health of our men.

In a civilian community the officials thereof as a whole give but slight attention to matters concerning the health of the citizens; this is left to the consideration of Health Departments and physicians. Many times Health Officers experience great difficulty in impressing the need for health work upon municipal and state authorities. In a military organization the interest of all officers in the health of the command is theoretically, and in most instances practically, very great. This is true because a military unit which is depleted by illness or injury is not well fitted for training or for combat. Military commanders of every grade are fully responsible for all matters pertaining to the health of their commands; the Medical Officers who are their advisers are responsible for pointing out to commanders the sanitary defects which lead to illness, and for recommending procedures which will keep the health of the command at its best.

An Army for the most part is made up of young men. Among these chronic disabling illness seldom occurs. The physically unfit have been excluded from the ranks through careful physical examinations given at the time of entrance into military service. During the present emergency a very high percentage of the Selective Service registrants have been found physically defective. Unfortunately, because of the great demand for manpower, we are now faced with the necessity of taking into the service many people who are not qualified for full military duty. We will have to fight this war with an Army, many of the members of which are not physically up to par, and therefore, not fully qualified to withstand the effects of insanitary situations they will meet in the war areas or even in the camps where they are being trained. The medical attention required in order that a part of these men may be rehabilitated to that extent which will fit them more nearly for military service greatly increases the demands upon our medical facilities. Soldiers new to the service are highly susceptible to communicable disease and even those who are entirely physically fit and who may have been hardened by a long period of training, still are high susceptible to many of the diseases commonly associated with military life.

All of the wars of history up until the time of the Franco-Prussian War have been accompanied by large outbreaks of contagious diseases. These have occurred in the civilian as well as in the military populations, and many times in the past epidemics of disease have seriously threatened the successful outcome of campaigns and have in not a few instances entirely thwarted the objectives of great military commanders.

During the Franco-Prussian War the German Army used vaccination against smallpox with very great success. This was the first notable instance of the application of a disease prevention measure to a large

military force. The experiences of the American Army during the Spanish-American War and of the English Army during the Boer War lead to very great advances in the control of diseases which are spread through food and water and by means of flies. The advances thus gained gave great impetus to military sanitation in all its phases. At the present time we feel sure that our Army never again will experience more than the smallest epidemic of typhoid fever, nor do we feel that typhus fever will seriously interfere with our military campaigns. We may, however, be faced with serious problems in connection with Bubonic plague, yellow fever and malaria. During military operations such as those which we are now conducting overseas, many communicable diseases are controllable only with greatest difficulty. Satisfactory means for the prevention and spread of many diseases which pass from person to person through contact have not been developed, and with some of these we may experience serious trouble. We all have in our minds the possibility of a repetition of the influenza epidemic of 1918, and we are not sure that we have control measures which would be successful in the event that this disease made its appearance.

Doctors are required for the Army at the rate of six and one-half per thousand strength. Other members of the Medical Department, nurses, dentists, veterinarians, and enlisted personnel, are provided in appropriate numbers. The Army is now becoming so large as seriously to deplete the numbers of doctors and nurses essential to the care of the civilian population. Statements have been made that the Army is using too many doctors and nurses and is using those it has inappropriately. The Army has set up its plan for medical service on the basis of experience in former wars, and on its peacetime experience, and, of course, has made allowances to some extent for the unexpected, such as the appearance of epidemics of disease. Had it not done so, and the medical service been crippled by lack of personnel, in the event an epidemic appeared, then those who are so critical of our apparent freedom in the use of doctors would have been the first to assail us for failure to provide adequate medical attention.

A good many of our doctors are used on duties which are not strictly professional. That is, they are used in administrative capacities. It is necessary that this be done because the oversight and management of medical service cannot be entrusted to persons basically unacquainted with the medical requirements and military procedure. In every place that we can do so, such as in the oversight of strictly clerical work, the management of messes, the distribution of supplies, the execution of many details of sanitation, the work is carried on by Medical Department personnel other than doctors.

It seems wasteful to many people that the doctors assigned to combat units are not used more freely in strictly professional work. This criticism arises from a complete misunderstanding of the medical needs during combat. This combat service must be carried on by persons highly skilled in the work. It cannot be haphazard in any respect, but must fit smoothly into the plan for battle. Troops in combat must be freed from their sick and wounded with the utmost promptness, for humanitarian reasons and in order that those who have become incapacitated may be given the best medical attention at the earliest possible moment. To do otherwise is exceedingly wasteful of human life. By prompt removal of the wounded from the battle-field, and the application of satisfactory treatment, a very

high percentage of wounded may be returned to combat at an early date. This makes possible an enormous saving in trained manpower and avoids feeding into the combat forces a constant stream of inexperienced soldiers. During the first World War the British, American, and German Armies were able to return over 60% of their wounded to combat.

Our present plans will provide the most expert medical and surgical attention very near the battlefronts, and will get the wounded to satisfactory places for treatment within a very short time after the receipt of their wounds. In order that this may be done the medical troops in combat must carry on their work with the utmost efficiency. Therefore, during the training period they must acquire accurate knowledge and experience in the operation of our medical facilities. They cannot be diverted from this combat training and put to work in our hospitals caring for the normal sick and injured. Were we to do this we would return to the haphazard medical attention afforded the Armies of all nations prior to the time of our Civil War, and were we to do this we would again be assailed by those who are now so critical of the use we make of doctors.

The health of the present Army has been unusually good. In this area we have had no epidemics of disease except to a localized and minor extent. During the early part of 1941 we had a very large number of men in hospitals. These patients were suffering chiefly from mild influenza and pneumonia. The period of excessive hospitalization did not last long. During the early part of 1942 the amount of such illness was very small, and, in fact, its incidence did not exceed that of the peacetime Army. Until within the last few months we have had but a small amount of meningitis. During January we have had a considerably larger number of cases of this disease than we had during the previous two years and there has been a rather sharp rise in the case fatality rate. However, the present occurrence of meningitis is of much less consequence in this area than it was during the years 1917 and 1918. Even though there was widespread poliomyelitis in the civilian population of the Southern States in 1941, the Army had but few cases. Pneumonia is present all of the time and we have had a large number of patients ill with this disease. However, thanks to modern methods of treatment, the deaths from pneumonia now number only about 1.5% of those attacked in contrast with 25% of those attacked twenty-five years ago. Malaria is endemic throughout most of the Southeastern States and it was fully expected that the Army would have large numbers of patients with this disease. This has not been the case. The number of patients has been exceedingly small.

I should like now to talk with you frankly about a group of diseases which give rise to more trouble in the Army than anything else, the venereal diseases. This is done in the hope that the many activities of your widespread organization may bring to bear that influence which will assist us in the solution of this problem.

During the year 1942 we had in this Service Command approximately 37,000 cases of venereal disease; 15% of them syphilis, 75% gonorrhea.

We have, of course, a large number of colored troops and these contribute a large proportion of our cases, but the number of cases among white troops is very large indeed. The sources of these diseases are entirely beyond direct military control and for their eradication we must depend upon civilian action. Our soldiers are well informed as to the nature of and dangers from venereal disease, and as to methods for their prevention; however, when they are freed from camp restrictions and encounter the moral laxity and civic carelessness with respect to prostitution so widely prevalent in many of your communities, they quickly forget all they have been taught.

The civilian communities in these seven Southeastern States have not responded promptly and freely to the Army's request for suppression of prostitution. In every instance we have met with resistance rather than a free and open acceptance of the idea that the suppression of prostitution is important to the control of venereal disease. In two communities it has been necessary to bring Federal law into operation and we believe that the operation of this law will have to be made more extensive throughout the Command. Why any community should countenance prostitution, either clandestine or commercial, with all its attendant evils, is difficult to understand.

There is a problem of morale here, both civilian and military. Emphasis on this matter appears in the recent publication of Dr. John H. Stokes of Philadelphia.¹ Dr. Stokes is eminently known to the medical profession, and his statements in this connection are entitled to attentive consideration. Dr. Stokes says in part -

"We are confronting a morale problem in this war that has important and serious elements of difference from the last. Scientific discoveries may and in fact are already enhancing the effect of a general loosening up of sex standards. As evidence of the loosening we witness a shift of the infection source from professional prostitute to casual which has delayed and even defeated the approach to control at a number of important points. We find the girl friend or pickup performing her uncertain offices without cost, which confounds the police attack on prostitution; and we find among women and girls of the most unexpected types an almost avid desire to show the boys a good time. Solicitation seems to be climbing to unheard of proportions in many cities, and the dating mechanism developed during peace is superfunctioning in time of war. Some peculiarities of our national effort are important too. We are concentrating troops overwhelmingly in the South, in areas where both white and colored races have a phenomenally high incidence of venereal disease. The color line is thinning, drawing on the Negro reservoir of infection, the highest in the country. Transportation has done things to a peripheral cantonment control which worked in the last war but is far less effective in this. The population as well as the armed forces is on the move, and civilians, equally with the soldier and sailor, are

¹ PROBLEMS IN THE APPLICATION OF RECENT SCIENTIFIC DISCOVERIES TO THE WARTIME CONTROL OF VENEREAL DISEASE, John H. Stokes, M. D., J.A.M.A., Vol. 120, No. 14, p.1093, Dec. 5, 1942.

swept into the morale wrecking effects of change, break-up of home and stabilizing influences, loneliness, unrest. Liquor has been less effectively dealt with, later in the game, than in the last war. And now scientific discovery, the one day cure of the maligned but often effective fear producing deterrents of disease, is knocking the props out from under our platform."

Formal commercialized prostitution, organized on a big business basis, was not particularly prevalent in the Southeast, and has been pretty well removed. Amateur and clandestine prostitution is highly prevalent. The girls engaged in this activity are young, many of them being between fourteen and seventeen years of age. Quite a number of them have left their homes in a spirit of adventure, many of them because of poor economic conditions, and because of situations which are unpleasant for a number of reasons. Better working conditions for girls with better financial returns would do much to keep many of them away from prostitution. There is no doubt that many of them could be trained for industry and their productiveness added to the war effort.

The Army is able to secure information as to the cities and towns in which venereal diseases have been acquired. These places range in population from small villages to large cities, and, of course, are scattered over all the country. The eight cities where most cases of venereal disease were reported as having been acquired in the Southeastern States during the first eleven months of 1942, were Columbus, Jacksonville, Atlanta, Fayetteville, Savannah, Macon, Columbia, and Augusta. Four of these cities you will note are in the State of Georgia, and these four cities were responsible for 34% of the infections acquired in the fifteen leading cities of the Southeast. For the months of October and November of last year Atlanta lead all other cities in the Southeast as a source of venereal disease. No other city in the Southeast approached Atlanta except Birmingham. Our soldiers flock to the cities for recreation, and it is in our cities that the greatest effort must be directed toward the control of clandestine prostitution.

Among 19,000 reported sources of infection in the first ten months of 1942, records show that over 20% were acquired in Georgia. Georgia, North Carolina, and Florida accounted for over 50% of the cases.

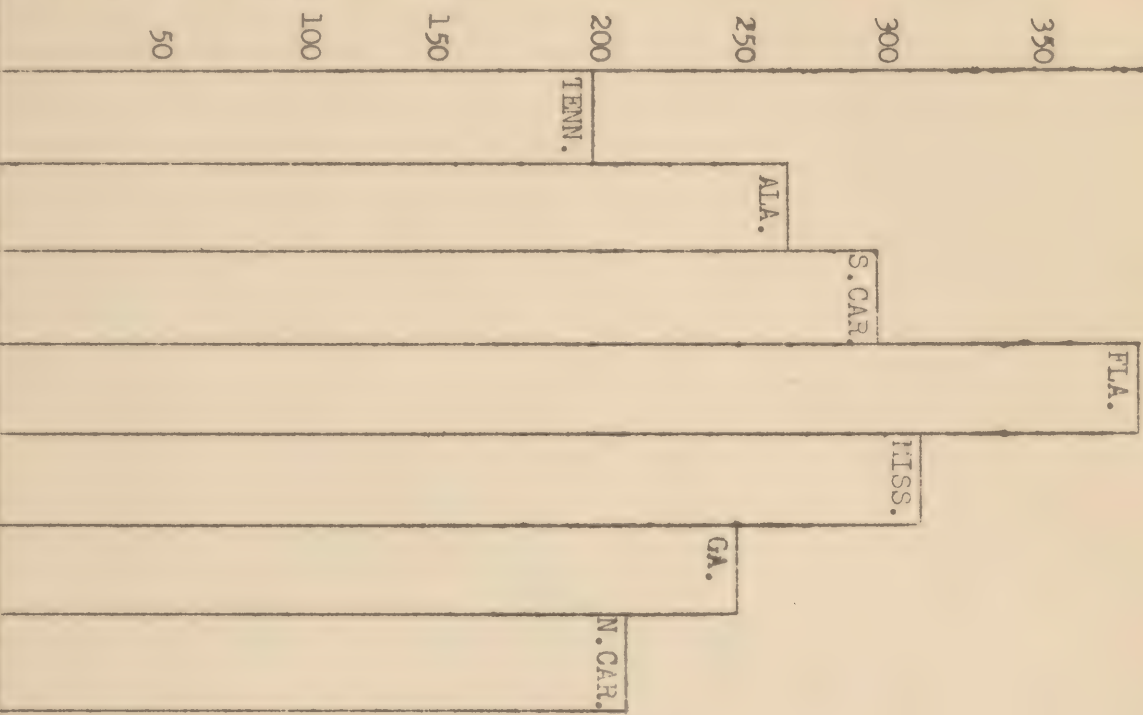
All men examined for Selective Service, and many of those who volunteered for service, have had their blood tested to determine whether or not they have syphilis. During the period November 1, 1940, to August 31, 1941, there were 1,955,823 such examinations of whites and negroes. Syphilis was found to be present at the rate of 46 men in each thousand. The rate for negroes was 245, that for whites 18. In the Fourth Service Command, that is the seven Southeastern States, the total rate was 128 men per thousand. Among negroes the rate was 277 and among whites 31. The negro rate in these states was the highest in the country and the white rate was second to and but very slightly lower than that in the Southwestern States. The lowest rates were experienced in Wisconsin, New Hampshire, North Dakota, and Utah.

One of the charts which has been given you shows the relative occurrence of syphilis among selectees and volunteers in the forty-eight states and the District of Columbia. Please note that the Southeastern States occupy the top position in this diagram. The comparative standing of the states in this area is alarming in that it indicates the enormity of the reservoir of syphilis with which our soldiers have contact. It can be assumed in all fairness that the situation with respect to gonorrhea is of vastly larger magnitude. In these seven Southeastern States the concentration of troops is much greater than elsewhere in the nation. You have but to realize the contiguity of the great mass of venereal disease and the large number of soldiers in order to understand that the Army is particularly anxious that civilian communities enforce measures for the suppression of prostitution and set up facilities for the detection and treatment of venereal disease.

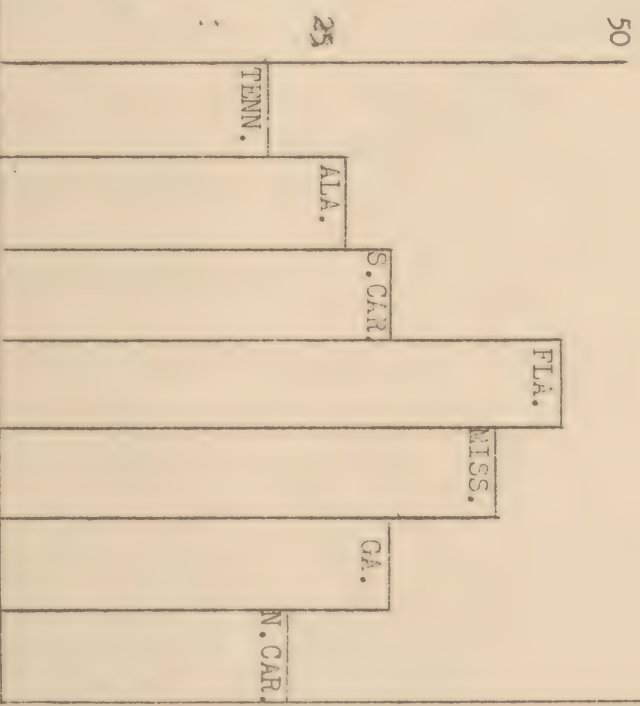
The second chart shows the relative prevalence of syphilis, white and colored, in the states of this Service Command. Venereal disease is much more prevalent among the negroes but is by no means small in the white population, and the responsibility of your citizens cannot logically be evaded by relying on a belief that the problem is more importantly one pertaining to the negro race. It is doubtful that you can conscientiously remain averse to the fact that syphilis is more prevalent in your states than elsewhere in the country. You should acquaint yourselves with the venereal disease control programs which your communities are carrying on and aid these programs in every way possible. In the event you find no such activity present you should at once set about seeing that such is properly initiated, organized, and prosecuted.

I wish to thank you for the opportunity of speaking to you. A little bit has been told you about the health of the Army which it is hoped will be instrumental in having you believe that your soldiers are being well cared for medically. This, undoubtedly, is true to a greater extent than ever in the history of our Army. An effort has been made also to elicit your interest in bringing about a solution of the most serious disease problem with which the Army has to deal. There is every reason to believe that the efforts of an intelligent body of people, such as constitute this audience, can go far toward removal of this menace to the welfare of our troops.

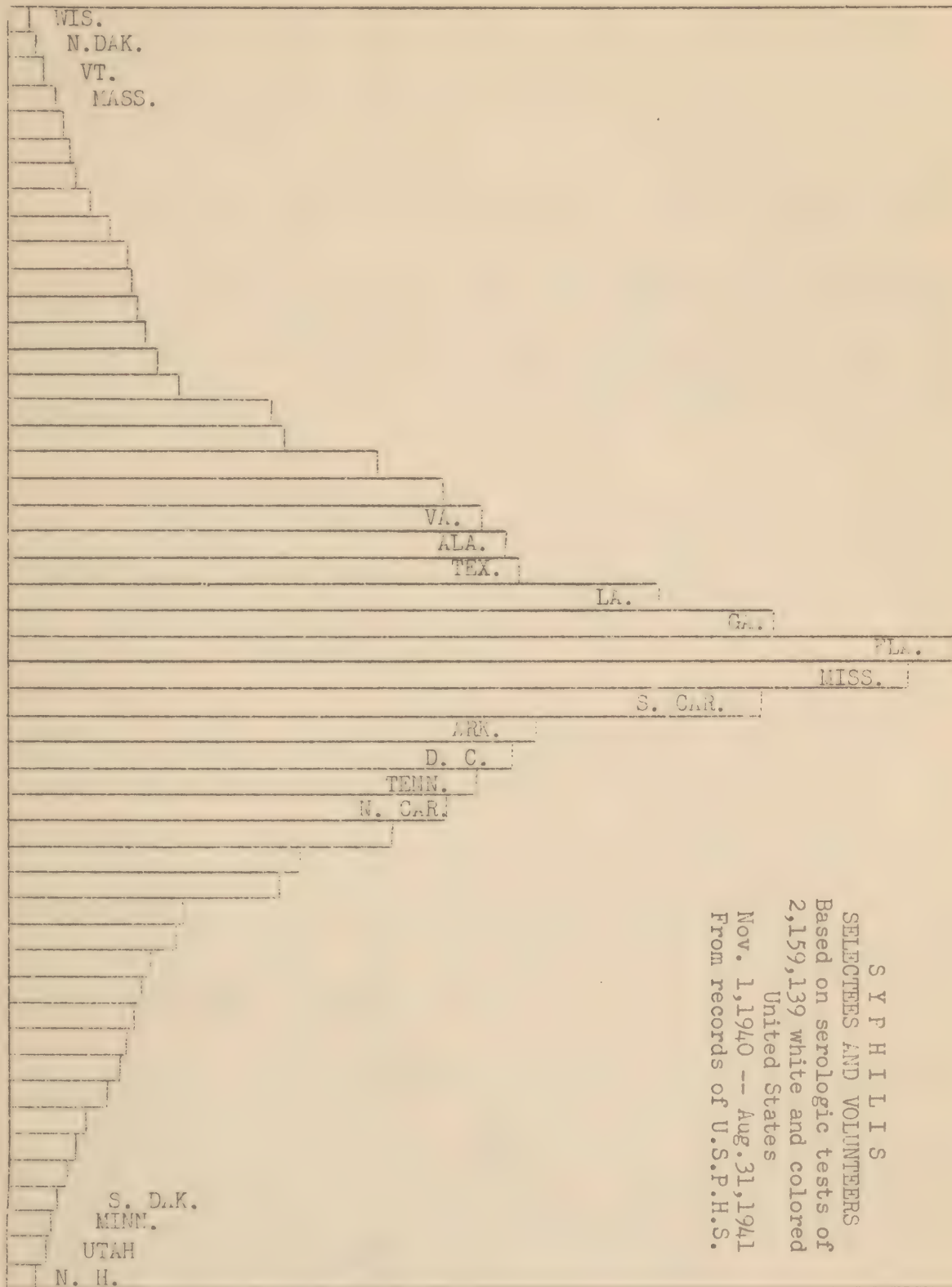
RATE PER 1000 TESTED - COLORED



RATE PER 1000 TESTED - WHITE



SYPHILIS
SELECTED AND VOLUNTEERS
Based on serologic tests of
164,860 white, 106,114 colored
Southern States
Nov. 1, 1940--Aug. 31, 1941
From records of U.S.P.H.S.



SYPHILIS
SELECTEES AND VOLUNTEERS
Based on serologic tests of
2,159,139 white and colored
United States
Nov. 1, 1940 -- Aug. 31, 1941
From records of U.S.P.H.S.

Address of Rear Admiral
George D. Murray, Chief of
Naval Air Intermediate Training
Command, Pensacola, Fla., Before
the Regional Social Hygiene
Conference,
Biltmore Hotel, February 3rd, 1943.
Atlanta, Georgia.

"CIVILIAN LIFE AND THE SOCIAL HEALTH OF THE AIR FORCES"

I am very glad to appear before this Association. It represents a group of patriotic Americans who are performing a valuable service for the civilian and military population of our country. The control of venereal disease is a matter of the utmost general importance, but quite naturally I am most concerned with the venereal disease problem as it affects our Navy, and it is this aspect of the problem that I would like to discuss with you today.

The Naval Commander, whether he be leading a Task Force or commanding an Aviation Training Center, is always aware that the performance of his mission may be adversely affected by the loss of manpower due to disease, because many a campaign has been attended by more casualties from disease than from bullets. The Naval Commander must rely on medicine, and more specifically preventive medicine, to maintain his crew at the maximum of physical efficiency.

With regard to venereal diseases, it has become theoretically possible, I am told, to practically abolish them by means of modern diagnostic methods and treatment. It goes without saying that such a possibility is very attractive to military authorities.

However, the organizational and other problems involved in this fight against venereal disease are not simple and are not solely within the province of the military. There are only certain measures that the military authorities can institute and other complementing ones, the civil authorities must effect. This conference is a good opportunity to discuss: (1) what has been done; (2) what requires improvement, and (3) what new steps, if any, should be undertaken.

As early as 1939, the War and Navy Departments, the U. S. Public Health Service, and the State Health Departments entered into a broad eight-point agreement designed to insure the over-all success of the venereal disease control program. The respective duties of the contracting parties are so comprehensively outlined that, if strictly followed, they would inevitably produce a good result. For its part in the task, the Navy has trained certain medical officers whose sole function is venereal disease control, and these officers have been allocated to stations where large numbers of men are in training.

More specifically, the Navy undertakes the following:

1. It provides prompt and complete care for the venereally

diseased person. We well understand that speed in discovering the infectious case and speed in instituting treatment are of prime importance in controlling venereal contagion.

The greatest effort is made to achieve this end, both with respect to diagnostic and therapeutic measures. Impromptu examinations are made for the detection of unreported cases. The educational program includes regular lectures and talks and a direct appeal to the men to report infection and obtain prompt treatment. These are fixed policies of the Navy.

2. Hand in hand with treatment goes the effort to discover the source of infection. We are wise enough these days to know that it is as important to destroy the source of infection as to treat the established case. Venereal disease control officers take contact histories from infected subjects and cooperate with civil authorities in locating and cleaning up the sources of infection. We try to prevent infecting the civil population by prompt treatment and by quarantine until the danger of infection is over. But an infected civil population is a constant menace to military personnel, and the cleaning up of this most important link of the vicious cycle of contagion would be a boon to everybody.

3. Education in venereal prophylaxis and provision for prophylactic treatments are other measures vigorously employed by the Navy. Every now and then it is urged by well-intentioned persons that such information and such free offering of preventive facilities stimulates promiscuity.

We are not blind to moral issues, but we are realistic. Prophylactic information is not given to the exclusion of advice on, and urging of, abstention from promiscuous sexual exposure. Indeed, all activities concerning prophylaxis are admixed with advice pointing out the benefits of avoiding infection. Undoubtedly, a percentage of the personnel are beneficially influenced thereby. But we do not take the narrow attitude that venereal disease is the wages of sin and must be borne. This is not to say that we have no penalties for the acquisition of venereal disease. We do maintain a misconduct status. There is a penalty of time and money lost while on the sick list for venereal disease, and the more subtle penalty of recording the infection on the service record.

4. The official policy of the Navy as regards prostitution is uncompromising repression. We are thoroughly convinced that no system of regulation, legalization, connivance, or the slightest tolerance of this practice is wise or efficacious. Aside from the moral offensiveness of any police-regulated, medically inspected system, this system has always proved an eventual failure wherever and whenever it has been tried.

5. The provision of recreative and sublimative station activities for military personnel is attempted, wherever possible. No one is so naive as to think that human lust can be completely abated by ping-pong; but sports, reading, movies, etc., do cut the total incidence rate of sex exposure.

This enumeration is not the whole story of the military effort against venereal disease. Each item and activity has a further elaboration in actual operation that cannot easily be explained. It is sufficient to say

that additionally there is a continuous augmentation of effort from a day-to-day consciousness of what venereal disease means to the whole country.

Now, let us look on another aspect of this picture. What are civil authorities contributing to the venereal disease control effort, and how sufficient is it? In most discussions of the venereal disease control program by civilian authorities there is a tendency to consider the job as primarily belonging to the military. I should like to present the view that the opposite is in fact the case; i.e., that the civil job is the more important, both with respect to immediate and future benefits. Moreover, if well done, it is the more effective.

Consider the following facts: In peacetime, the military population is small. A large percentage of the personnel are earnest, hard-working career men. Many are married and the heads of families. Consequently, a very small program and few facilities suffice for venereal disease control. With the onset of war and mobilization, there is a sudden, tremendous aggravation of the problem without an established procedure to handle the situation. Prostitutes gather around the larger stations. At the same time, the military authorities are beset with the need to do first things first; i.e., train the officers and men, gather arms and equipment, plan the offensives, etc. And another thing, the new men come from the civil population, where education in matters relating to venereal disease has probably never been effectively presented.

With this in mind, can it be that while the war is being waged, the problem of controlling venereal disease should be in greatest measure the military concern? That is a mistake, for the additional reason that if civil authorities wash their hands of the problem, it will surely return to them in a more serious form than ever when the war is over and won (as it will be). The greater portion of the present military personnel will resume civil pursuits; and if a large fraction of them is infected, the care and the long-term evils of their infection will become a civil concern. Every community that evades responsibility in this regard now will be the worse for it later.

Another word about what the civil population presents us by way of men and milieu. Shown below is a chart of the nation according to the prevalence of syphilis in the draftee population.

RATE PER 1,000

6.6 - 14.9	15.0 - 29.9	30.0 - 59.9	60.0 - 99.9	100.0 - 171.5
Montana	Washington	California	Arizona	Louisiana
Idaho	Oregon	N. Mexico	Arkansas	Mississippi
Utah	Wyoming	Missouri	Tennessee	Georgia
Minnesota	Colorado	Indiana	N. Carolina	Florida
Vermont	Pennsylvania	West Va.	Maryland	S. Carolina
Mass.	New Jersey	Nevada	Texas	
Conn.	Kansas	Oklahoma	Kentucky	
N. Dakota	Iowa	Illinois	Virginia	
S. Dakota	Michigan	Ohio	Alabama	
Nebraska	New York		Delaware	
Wisconsin	Maine			
New Hampshire				
Rhode Island				

Rates per thousand for two million selectees blood tested for syphilis, corrected for age, race and residence within each state; reports received Nov. 1940 through August, 1941. - (Rates for Idaho, Kentucky, Oregon, and Vermont are not corrected)

This conference would seem to be held almost in the geographic center of the most diseased section of the country. Let us not seek extenuating circumstances. That is the situation. To me, this points a moral, a lesson, and a direction of cure.

The solution, of course, is for both the military and civil authorities to be intensely, continuously, and cooperatively active in managing and in prosecuting every phase of the venereal disease control program. Everybody is aware that civil agencies are doing a great deal in combating venereal diseases. Health departments are treating gratis all infected persons who come to them spontaneously, or who can be discovered, persuaded, or compelled to come to them. The extent of this case finding, case holding, and therapeutic effort is great, even if somewhat irregular and insufficient in some places. Law enforcement agencies have promised the strictest observance of existing laws and in many instances have made notable records; but sometimes a verbal sincerity has been substituted for the real thing. In some places, laws for the abatement of prostitution are insufficient, and public health regulations are below the requirements of the modern age. It evidently behooves local, county, and state governmental units to tighten up their administrative and executive work, to employ existing laws fully and enact needed legislation where none exists, to make this critically essential work a success.

Another point. I am further advised by the Medical Department and its experts on epidemiology and statistics that venereal disease rates, even when low, are nothing to get complacent about. A static rate, even if satisfactory by comparison with figures of the last war, or of a decade ago, or even of last year, is not a healthy situation. Static rates only swing upward. Without being Utopian, it is urged that the rate be kept constantly falling; and if it approaches zero, so much the better. It is like war; stalemate is defeat.

In consequence of this, military commands are constantly hammering away at activities that favor the spread of venereal disease. They want a continuous offensive against the source of infection.

For instance, take the simple matter of requests to place civilian businesses like hotels, taverns, etc., out of bounds. There is a great reluctance on the part of the Service to interfere with the economy and local management of regions abutting upon Naval reservations. We lean over backwards to avoid this. But we cannot be pushed too far. We have been compelled to protect the war effort in this regard in isolated instances by invoking the May Act, which is virtually a vast "out of bounds" procedure. So that, even with the best cooperative will in the world, it sometimes becomes necessary to take drastic action.

Again, we are frequently urged by "holier than thou" outsiders to restrict the liberty and movement of our men off duty. It is true that some commands have cut their venereal disease rates to practically nothing by virtually quarantining or restricting to the station all but a very small percentage of their personnel. We are not in favor of this because such isolation from the everyday affairs of civil life is not good for the morale of all concerned, nor fair to sober, moderate men. Many of our men are married and have families, and the Navy shows no favoritism in conferring tasks or

benefits. It becomes impossible under the circumstances to restrict the liberty of any men when the daily demands of duty are over and well done. Of course, the sex appeal of sailors is something to conjure with. But one must be reasonable with restriction. We ask the civilian population to provide a wholesomeness of social diversion, because these are the nation's men.

Let us then resolve to apply what we already know and to co-operate as wholeheartedly for the defeat of venereal disease as for the defeat of our other enemies.

Remarks by
Major Harold J. Gordon, M.C.,
Lawson General Hospital,
Medical Dept., Replacement Pool,
presented during discussion led
by Captain Bertram Grosbeck, Jr.,
M.C., United States Navy,
Chief Medical Officer, Pensacola, Fla.,
at the Southeastern Regional Conference
on Social Hygiene, at the Biltmore Hotel,
Atlanta, Georgia, February 3rd, 1943.

Major Harold J. Gordon, M.C., Lawson General Hospital, Medical
Department Replacement Pool, in discussion cited Steubenville, Ohio, as
a city which furnished a model of action for any community which wished
to repress prostitution. Its action was:

- (1) A determination of the health commissioner to take action.
- (2) The acceptance of his advice by the mayor.
- (3) Instructions by the mayor to the chief of police, and
the selling of the program by the mayor to local judges and prosecutors.
- (4) Action:
 - (a) The madames were notified that all houses were to close
and stay closed. Most of these accepted the dictum.
 - (b) Two madames who tried to "cheat" were tried and sentenced
to a year each.
 - (c) All of the less hardened prostitutes were slated for
rehabilitation; a few of the older ones, considered hopeless, were ordered
out and told to stay out.
 - (d) Those slated for rehabilitation were carefully examined
and such as needed treatment were given it.
 - (e) The chief of police interviewed each one to determine
whether or not the background and present attitude was such as to make
it probable that an opportunity at proper employment would be acceptable.
 - (f) The health commissioner and the chief of police went
to defense management, vouched for the girls, and secured employment for
them.
 - (g) Reports received some months later showed that these
girls worked as well as and gave no more trouble on the average than the
usual defense female worker.
 - (h) Prostitutes from other communities, hearing of this plan,
came to Steubenville and asked assistance in getting out of the racket and
into legitimate employment.
 - (i) Continuous follow-up by the police in finding indivi-
duals reported as contacts and in assisting in getting recalcitrants under
treatment has kept the city as clean as an industrial community can be.

Also mentioned was the fact that the majority of infections today come from "good girls with bad habits and good boys with bad habits". The correction of this condition is along range program, based upon a correct appreciation of the need for guiding biological impulses:

(1) There are three powerful biological urges of man:

(a) The urge to keep alive an individual

(b) The urge to keep the species alive.

(c) The urge to better oneself spiritually which distinguishes man from the lower animals.

(2) The first and third of these urges get guidance from birth in well regulated families, - from parents, teachers, physicians and the clergy.

(3) The second urge, that of keeping the species alive, has been almost totally neglected in our modern economy. Therefore, sexual promiscuity has been fostered through ignorance of young people with regard to sex. It is essential that proper guidance in sexual control be incorporated in the training which young people get in caring for their physical and spiritual well-being.

Address given by the
Honorable Alan Johnstone,
General Counsel, Federal
Works Agency, Washington,
D. C., before the Southeastern
Regional Conference at the
Biltmore Hotel, Atlanta, Georgia,
February 3, 1943.

THE LAW AND SOCIAL HYGIENE

As I came to your great city of Atlanta today to take part in this meeting I thought back twenty five years. Just that long ago I was sent here by the Government to attack the same problem that we consider now. We were at war then as we are today. Then, as now, the venereal diseases were the greatest cause of disability in the armed forces.

This plague came to the army from civil life. The army cured its soldiers. It taught them the truth about these scourges. It combatted false standards of conduct and health. Men learned to respect their bodies and to think of their future wives and children. I heard a great Commander of that day - Leonard Wood - say, "Do not think of these men in uniform as anything less than the best you have got, and they will rise to the level of your opinion." Under the leadership of two great War Ministers, Baker and Daniels, America organized the cleanest, fittest army and navy the world had ever known. And after peace the services kept up their fight for fitness so that in 1939 the venereal rate of the Army reached the all time low of 30 per thousand per year or 3 per hundred per annum. The military authorities made great strides. And so did the civil population - but not so great. When the war clouds gathered again and men came to the army from civil life the rate increased by more than 25% to 42.5 per thousand per year. Since then it has declined and is still declining as military and civil action has quickened.

We did not finish the last way. We won the war but lost the peace. This nation had a new birth of freedom in 1917-'18! When the tumult and the shouting died our exaltation passed away! We became "practical" in the twenties and returned to "normalcy". We forgot our idealism and sought to get rich. After the debauch of that decade came the headache. After the joy ride the crash! The great depression came in the thirties, a depression of money and of mind and spirit. In agony we survived it. And as we entered the forties we faced war again - the unfinished war that threatens freedom everywhere and holds in peril the life of this nation. We need all our strength to wage it. Our armed forces are the cutting edge of our sword. The civil population is the mass of steel that gives strength and rigidity to the blade.

I speak of the role of the law in the eradication of these plagues. The law is the expression of the public opinion and conscience of the people. For a hundred years and until well after the turn of the present century we derived our opinion and schooled our conscience on sex morality and hygiene from two great characters in modern history. They were Napoleon Bonaparte and Queen Victoria.

Napoleon was a great Commander and a great lawyer. He conquered Europe and dictated the Code Napoleon - the finest re-statement of the Roman or Civil law. But in sex he took counsel of his lust. And on the hygiene of sex he surrendered his great mind to a complete fallacy. He said that there was a sex necessity in men which made promiscuity inevitable and he formalized the double standard of sex morality. He established a system of public toleration and regulation of prostitution with medical inspection and certification of prostitutes. The first doctrine de-moralized modern France. The second poisoned its blood stream. When Abraham Flexner and Raymond Fosdick published their scientific studies on Prostitution and Police Systems in Europe, they showed what havoc the Napoleonic system had wrought on the police, the courts and the public health. And at the second battle of the Marne when France nearly fell in the first world war she had more soldiers in hospital from venereal infection than from battle wounds.

Victoria was a woman of great strength of character. She established a great commonwealth of nations in which the humanities played an important if not the dominant role. She respected order and enforced it. So great was her respect for order and for decency that when disorder appeared that she could not conveniently correct she ignored it. When indecency occurred that baffled her administration she convinced herself that it did not exist. Influenced by these attitudes we established a public silence on these great scourges and spoke their names only in whispers.

Napoleon's system was seductive. It was thought to be smart to believe in it. Victoria's attitude was smug and comfortable. Under it we cleansed ourselves by simply ignoring the dirt.

We embraced both systems. We passed laws to satisfy our Victorian ideas. We failed to enforce them to satisfy our Napoleonic complex. And so when Lord Bryce examined our institutions and wrote his critique on municipal government he exposed the rot at the core of our great cities. Organized vice was so intrenched that it was big business. Public officials who had the courage to expose it and to suppress it had to run the gauntlet. They were blamed by good people for stirring up scandal. They were attacked by the underworld in the political forum. Some of them were actually indicted in the courts for doing their plain duty.

I call to mind Atlanta's great police chief James L. Beavers. He was indicted here for smashing the red light district. He might have been convicted but for the courage and sagacity of his counsel James Key. That Beavers was vindicated and Key was elevated to the Mayoralty is a tribute to the good sense and decency of this city.

We have come a long way in a quarter of a century. Almost universally we have repudiated false notions and outgrown prudery. In the administration of Theodore Roosevelt we attacked the interstate and international traffic in women and children. The Mann Act caught some innocent people but it brought consternation to the panderer, the procurer and the corrupt official. Our states have all passed modern laws for the repression

of prostitution. I witnessed the passage of the first one in Georgia in 1918. It has some defects but it is a good statute.

Of the 14 states where the laws are adequate one is in the south-east. It is North Carolina.

Of the 8 additional states where laws are adequate except as against the male customers of prostitutes, 2 are in the southeast. They are South Carolina and Mississippi.

Of the 21 additional states where laws are fairly adequate against prostitutes and their exploiters 6 are in the Southeast. They are Alabama, Florida, Georgia, Louisiana, Tennessee and Virginia.

While these laws represent great advance in public opinion there are 8 states in this region in which repair work is needed in the legislature. The precise steps which should be taken are well known. Further advance should be made in this legislative year. Each of us should inform himself on the need in his state and see that it is met.

The Congress too has been alert to protect the armed forces against vicious influences and disease. In 1941 it passed the May Act. Under its authority the Secretaries of War and Navy may prescribe a zone around military and naval establishments in which the keeping of brothels or vicious practices violate the federal law. It is a sound statute. But a curious policy has developed with respect to it. The War and Navy Departments have announced that the federal statute will be invoked only when state action under state law fails. True this is a challenge to the states but it means danger to the armed forces. The May Act has been invoked in but two places, parts of Tennessee and North Carolina. The underworld has no respect for this Alphonse-Gaston attitude. In many places where state action has failed, federal action has not been swift and sure. I suggest that the May Act should be universally invoked.

Enforcement of state laws except in spots is fairly good. It can be improved. Constant vigilance here as in every place of danger is the price of safety.

Let me be emphatic if not dogmatic.

The Venereal diseases are first rate threats to our safety.

They can be controlled.

They are spread by prostitution and promiscuity.

Men and women who exploit the weakness of their fellows and profit from this filthy business are common outlaws and ought to be stopped in their tracks.

Toleration and attempts at regulation have uniformly failed.

However pitiful the victims of this traffic they should be apprehended, treated and cured.

We quarantine for smallpox. How foolish to allow carriers of the big pox to roam at large.

The human rights and public safety involved in the enforcement of these laws demand the attention of the best minds in the legal profession and among our public servants.

Our police and our courts need the support of an informed and active public opinion.

The Southeast is a great military training area. The camp and station commanders need the help of the civilian communities. A soldier and a sailor are precious fighting units. They must not be disabled from community neglect.

We are getting ahead with the war. But we need all our strength to win it.

In the issue lies all that we have.

Our men are dying on land, on sea and in the air. But, God rest their souls, freedom is living!

We shall need all our sagacity and force to secure the peace.

The well springs of the race must not be polluted.

Our liberties are dear to us. Our destiny in the world is great.

The President has said that this generation has a rendezvous with destiny.

We must not fail that rendezvous.

Address of Assistant Director
Hugh H. Clegg of F. B. I.
before the Regional Social
Hygiene Conference,
Biltmore Hotel, Atlanta, Georgia,
February 3, 1943.

NOT LAWS ALONE

It is a pleasure to be here. I am glad that I can come as an humble representative of the staff of the Federal Bureau of Investigation and bring to you a message of greetings from the Director of the FBI, the Honorable John Edgar Hoover. We are glad that you have an interest in our problems. We are glad that you recognize that our problems of law enforcement and internal security are also your problems, and your cooperation and the cooperation of all citizens is essential for the successful operations of the FBI. It is not by laws alone that law enforcement can succeed. It is not law alone which will make successful the intelligence operations on the Home Front. There must first be the indomitable will of the people, accompanied by the cooperation of all our citizens, in order for efficient law enforcement organizations to do their jobs.

In this country we do not have, and we would not tolerate, a Gestapo. Domestic servants are not sent into our homes to spy upon conversations between husband and wife and family members, nor would we tolerate spies in our churches or assembly places or our schools in order to determine if any spoken word or deed is critical of any leader or any party or any group. In a country whose government is of the people, by the people and for the people, we have a right to expect, and we must depend upon an aroused, alert public, each member of which will be vigilant in matters of safety and security and will report promptly to the nearest representative of the FBI any indication of espionage, sabotage or Fifth Column activities in any form. For the laws to be effective, they must have the united support of our citizens who will recognize their own obligations and duty and, in recognizing their duty, they will do it.

President Roosevelt, in reviewing the handling of intelligence matters on the domestic front during World War I, found that in 1917-18 there were twenty-one Federal investigating agencies with jurisdiction over spies and saboteurs. Add to that the ten thousand local, county and state law enforcement agencies and the further fact that their activities were not coordinated and the information obtained was not intelligently correlated, and we find that there was confusion. In order to avoid such chaos during the present emergency, the President on September 6, 1939, issued a Directive designating the FBI as the coordinating agency in the handling of all matters relating to espionage, sabotage and subversive activities in the domestic field, and he called upon law enforcement organizations to report promptly to the FBI any information indicating the presence of such treachery in our midst.

Pursuant to this Directive, the FBI inaugurated a series of Quarterly Police Conferences which are held in over 300 cities every three

months for the purpose of setting in motion and keeping in operating condition the machinery for national cooperation and coordination.

An example of the necessity and effectiveness of such a coordinated plan of action would be shown in an illustration involving a traffic violator who might have been arrested many months ago in a midwestern city. The speeding motorist was very promptly halted by an efficient traffic officer who escorted the motorist to a local police magistrate. Upon entering a plea of guilty, the violator paid a fine of \$37.50, including court costs, and with a smile on his face he returned to his car and went merrily on his way toward the West. What the traffic officer did not know was that the motorist was a German spy. He further did not know that in a locked compartment of the automobile were blueprints and specifications of what was purported to be a secret weapon being manufactured for the United States Navy. The traffic officer also did not know that in an automobile half a block to the rear were two Special Agents of the FBI who were keeping this motorist under surveillance. They watched him throughout his travels to the Pacific Coast. They saw him make contacts with confederates, aiders and abettors. They saw him confer with his confederates and they also saw the collected information delivered to a central clearing agent on the Pacific Coast. They saw these blueprints dispatched to the East Coast to a German Agent who would undertake to have them transmitted to Germany. These enemy agents were successful in getting these blueprints and specifications out of the country, and the Special Agents of the FBI were successful in locating and identifying all of the sixteen members of this ring of co-conspirators and traitors. Through the cooperation of the Navy Department, the blueprints and specifications had been placed in a convenient location for the benefit of the spy, since it was learned what he was looking for and since it was decided that he should be furnished the misleading blueprints and specifications which our Government wanted him to have. The effective system of counterespionage inaugurated by Mr. Hoover in this and other instances resulted in the identification of all the members of the ring of spies and their subsequent arrest and incarceration. If the local officer had located the blueprints and even if he had been able to obtain a conviction of the speeding motorist in the state courts on a charge of espionage, it is true that this one spy would have been disposed of, but the effective counterespionage work extending to all members of the ring beyond the city limits and the county limits and the state limits made the problem a national and, in fact, an international one. The problem of coordinating all the activities and all the information of this type is the responsibility that has been delegated to the Federal Bureau of Investigation.

Similarly, in the fingerprint identification work of the FBI, there is a national coordination and more than 60,500,000 fingerprint cards are the result of the combined cooperation of law enforcement and national defense groups. Approximately 100,000 additional fingerprints are being received each day in this central clearing house maintained in Washington by the FBI. In the FBI Technical Laboratory, there are experts making use of scientific and technical knowledge and equipment, studying latent crime problems for the FBI as well as for local police officials - again

creating a central clearing house and a national coordination of scientific research and scientific treatment of law enforcement problems. The FBI also collects, compiles and publishes statistics showing the extent, trend and fluctuation of crime throughout the nation, these statistics being submitted by cooperating law enforcement organizations. So, it is small wonder that the President designated the Federal Bureau of Investigation as the agency to coordinate the activities of the local, county and state police agencies in our war effort.

Pursuant to this designated authority and in keeping with the friendly cooperative relationship with police, the FBI focused one of its series of Quarterly Police Conferences during the past year on the subject of "Enforcement of Laws Affecting Prostitution". Conferences with police executives and selected members of their staffs were held in 328 cities of the United States and there were 22,259 police officials present at these conferences who participated in the program having for its purpose the conservation of manpower by eliminating the principal source of venereal infection - commercialized vice. The FBI has for its function the enforcement of the May Act only after the Secretary of War or the Secretary of the Navy has invoked the May Act in any specific area. It is our earnest hope that it will not be necessary to invoke the May Act in many instances or in many sections. The Police of the nation join us in this hope. The local police, already aware of the evils of prostitution particularly in wartime, nevertheless had this matter reemphasized to them by outstanding physicians and public health authorities who cooperated with the FBI in these Quarterly Police Conferences. The police expressed the hope that now the citizens were sufficiently aroused that they would support the police in their efforts, that the courts and the prosecutors would be sufficiently alert and that, from a law enforcement standpoint, a contribution could be made toward the elimination of this menace.

In numerous cities, based upon the hope that there would be public and judicial support of police activity, the red light districts were closed. Prostitutes were incarcerated. In one of our southwestern divisions a Mexican police executive was present at the conference, and he returned to his city and made a report to the authorities there. Although this Mexican city has been widely known as an "open town", the police officials and the military authorities there advised that, since the FBI wanted the laws affecting prostitution enforced, they would close up the brothels in this Mexican city which they proceeded to do even though a substantial amount of revenue from these enterprises would be cut off.

The police believed that housing and rehabilitation facilities would be provided for the girls engaged in commercialized vice. The police have in the past filled their jails but they could find no adequate source of rehabilitation facilities. The police filled their jails again on numerous occasions until the judges felt that they could impose no more sentences because of inadequate detention facilities. The police in other places have filled their jails and found political interference dominating the picture, and the panderers, pimps, procurers and prostitutes were set free because of corrupt political dictation.

So again it might be repeated, it is not by laws or law enforcement alone that we can successfully combat this offense or any other type of criminal activity. There must be public support to back the police, to inspire the prosecutors, to give confidence to the judge and to make certain that rehabilitation agencies perform their functions.

It appears from information received that at times certain groups take it upon themselves to become active in activating the program for control of prostitution. It would appear that certain types of activation might prove important, and it would further appear from the examples and the weaknesses in the program that the function of activation should be directed toward the weak spots in the over-all program.

An interesting case involves a middle-aged woman who conducted massage parlors in one of our larger cities. Her fees ranged from \$5 to \$50, depending upon the type and extent of the "Therapeutic treatments" desired. The treatments were administered by young girls dressed initially in nurses uniforms. Although their training in matters of hygiene had been sadly neglected, they were fully informed on the subject of "Anatomical Phenomena". Special nurses' fees of \$50 would be charged for calls involving all-night services. All patients were given legitimate types of treatments until their backgrounds were studied. Commercial detective agencies were employed to investigate all customers who sought additional services in order to make sure they were not connected with the police. But the police were on the alert. An officer was sent to another state. He bought and operated a garage for some time. He then sold the garage and moved back to the city and obtained another garage. His background was apparently a safe one. He was accepted as a "patient" first for a regular massage; then his request for special services was favorably considered. When all preparations were complete, he gave the pre-arranged signal. The police raided the establishment. The Madam was convicted. Since her record was a lengthy one, she was sentenced for three months.

Some activation was needed there but not with the police. She had been arrested ten times previously. Two cases were pending; she was discharged in eight instances. The police had done their job.

A police chief of an important city in a national defense area recently announced that he had been gratified at promised housing facilities and rehabilitation programs for prostitutes. He ordered his men to get busy again. The judge willingly imposed sentences long enough to hold the girls until the program could become effective. The program has not adequately materialized. The Chief has crowded his limited facilities. As more girls are sentenced, it is necessary to release an equal number who return to their old profession in an endless chain parade. It is high time for some activating of the activators and after months have elapsed, it is downright aggravating.

In another instance, seven witnesses were called in to testify at the trial of a White Slave case defendant. They travelled hundred of miles and waited for nearly three days before it was announced that the case would not be prosecuted.

Time after time, the records show that officers have come into court with prostitutes, pimps, procurers, panderers, white slavers and perverts, only to have the defendants placed on probation, given a suspended sentence, given nominal jail sentences or actually dismissed. At times, the officers with actual evidence of the violations have been publicly criticized in the court room for doing their sworn duty in enforcing the law. The accompanying and resulting discouragement is to be expected.

It appears that there is a definite need for activation. The activators, however, should first identify and locate their objectives. The medical men and the law enforcement officers appear to have identified their problems and to be busy on their jobs. Medical and enforcement techniques have been developed. The laws are adequate. No secret weapons are necessary. It is time for the activators to stop their cogitating and their endless talking. It is time for them to go to work.

What needs to be done? There is a need to eliminate public indifference, and a sharp edge should be put on individual responsibility. Now is the time in a government of, by and for the people for our citizens to eliminate corrupt political control of, by and for corrupt political cliques. Sufficient appropriations for adequate, carefully selected, well-trained and well-equipped police personnel should be provided. Police, prosecutors and judges should be selected on a basis of fitness, and their positions should provide compensations which will attract those with the best qualifications for these jobs. Home training and religious teachings must not be neglected in such a program which signifies that it is not by laws alone that **our** job can be done, but the spirit and will of the people must be made manifest and then the people must act through the instrumentalities of the law to express this will.

Through civic and patriotic organizations, both men's and women's groups, public apathy must be dispersed. Medical science is prepared. The law enforcement profession is ready and at work. Now just what or who is holding up this job?

From: Informational Service
 Office of Defense Health and Welfare Services
 Federal Security Agency
 441 West Peachtree Street
 Atlanta, Georgia

COMMUNITY ACTION

By: E. G. Lippincott, Field Representative
 Social Protection Section
 Federal Security Agency

Presented before the Southeastern Regional Conference
 on Social Hygiene, Biltmore Hotel, Atlanta, 2:30 p.m.
 February 3, 1943

In this morning's meetings officers of our armed services outlined the elaborate and meticulous care that is given within these services for the prevention and treatment of war casualties among our service men. The skill and thoroughness of our whole medical program in the armed services is reassuring to every one of us, for all of us have near and dear ones in these services.

But is it not surprising that one of the speakers this morning had to admit that local communities in war areas of this region have not responded readily to requests of the Army and other federal agencies to assist them in preventing venereal diseases among armed personnel? Is this not appalling in the light of the fact that these diseases took roundly 37,000 service men from active duty in this southeastern region alone during 1942, a year of war in a nation at war for its very existence? And is it not a source of further surprise and shame to those of us who claim this region as our home that we have so far failed to recognize and provide for the care of the other thousands of casualties of war in this region, the women and girls who were the sources of infection for our service men?

I am not here to speak as an alarmist, to cry "wolf, wolf," nor criticize unjustly. But out of my experience during the past seventeen months, as a regional representative in this region of the Social Protection Section in the Office of Defense Health and Welfare Services of our national government, I want to share with you what some of our communities are beginning to do and what they can do to prevent these casualties among our armed forces and among our women and girls. Let's call a spade a spade together, and not a damned old shovel on the one hand nor a useful implement of garden husbandry on the other.

The job of the Social Protection Section is to help states and local communities prevent the spread of venereal diseases among the military and production personnel stationed near them.

Some object that the he-men of our armed forces need no protection, stating that these well-fed, well-trained and toughened men are thoroughly capable of caring for themselves under all circumstances. This is inconsistent with acceptance of immunization shots against typhoid, small-pox and other diseases. If we are to expose lonely men without women to the wiles and devices of infected party girls without check or restraint, we may as well leave to the service man's hardihood his resistance to other diseases that rob him of the ability to fight our enemies.

Others say that the difficult problem of community control of the spread of venereal diseases among military personnel is a federal responsibility. "Let the Army care for its own men. If there were not a demand for casual relationships of women with service men, there would be no women making themselves available for the purpose". This stall is ridiculous from several angles. If there were no such demand, there would be no such women and no men either, for human reproduction would have lost its self-starter or at least its storage battery. The demand is inherent and inescapable; but its expression can be modified in both quantity and quality. How its expression is modified determines the health, the morals and the calibre of civilian and service man alike.

We must work at the cause or source of this problem, and it is axiomatic that venereal infections are sustained not on the military reservation but in civilian communities. We must also keep constantly before us the fact that we have direct and total responsibility in our communities and in our homes for the thousands of casualties among our girls and women from whom our service men have become infected in this region. So this difficulty resolves itself into what is primarily community weakness, community neglect and community responsibility. It points up a community responsibility not to do something for the Army or Navy or other federal agency but for itself and for its own youth, whether this youth be girls or boys, in uniform or out.

The war has not caused the present breakdown of health or morality among our youth. It has simply given us a statistical mirror and perhaps a more fully expressed demonstration of breakdown which has been powerfully and actively present the past several decades. Let's search out some of its causes and some ways to repair the breakdown.

Causes of our social breakdown, of which thousands of venereal infections are the result include:

1. Taboo still smothers knowledge of sex relationships. This is true among our best families, in which parents leave children to learn the facts and pleasures of life when they face them. Our sense of pride in our ability to mention venereal diseases without blushing clearly indicates the continued existence of this taboo. Our first impulse to punish rather than understand and help sex delinquents is further proof of it in our thinking.

An associate of mine who is a South Carolinian and who was working in a neighboring State asked a conference with the superintendent of the

State hospital. She was eastern trained and experienced in one of the best psychiatric clinics there. The case under discussion involved serious emotional difficulties, and she sought help from the superintendent with psychiatric training and practice and possibly the use of his hospital facilities. It was her first interview with him, and to save a busy man's time she launched directly into a summary history of the factors involved insofar as she could see them. When she had finished, the superintendent asked, "Where did you learn to talk like that," She answered "In psychiatric clinic, during my training." The superintendent grinned and admonished her, "I warn you that you talk about sex in this State entirely at your own risk."

2. Dishonesty and indirection too often characterize our approach to the question of healthful sex relationships. This begins in the home. Should we blame our children for their accurate imitation of their elders? Can we ourselves explain how our preachments on monogamy and our long toleration of segregated, red-light districts define between them a logical and easily followed pattern of conduct for our children?

3. Uncertain employment and wages rob youth of full outlets and growth. The girl who leaves sordid surroundings in search of work and the thrill of uniformed companionship in war areas often finds herself without food or ability to earn it excepting by sale of favors to soldiers. Most women discovered now as sources of venereal diseases are not long-time professional prostitutes, but young girls supplementing a deprived background with a little fun and earning enough on the side to enable themselves to live on the wages they can earn without skills or education. In a city of this region such a girl was picked up and brought to the local health department because she was alleged to have infected a soldier. Both her serological tests and her smear were positive. She had an open syphilitic lesion on her mouth. She was fifteen years old; and her case is not as exceptional as one might wish.

4. Child Labor laws and ordinances governing the hours and places of employment for women are largely not existent or not enforced in this region. To those travelling in war areas it is quite usual to find young women and girls tending bars and waiting tables in cheap taverns and restaurants at any hours of the night. These employees are augmented by many unescorted women and girls.

5. The unprincipled business practices of hotels go unnoticed by most of the good citizens who consider themselves the bulwark of community decency. The practice of having women available at hotels or on call is traditional hotel service. It has been considered necessary.

6. Public services which can improve community conditions that breed disease are not supported by the citizens, and consequently the community gets the inadequate results they ask for. County and city health, welfare and recreation departments frequently come out at the little end of the local budget. The service a department can give is not always accepted. In one city of this region a police department has had its program for repressing prostitution wrecked by a community that objected to

a raid made on unsavory meeting places of Negroes. Some of the cooks in the first families failed to appear the next morning. Notwithstanding the fact that this city is in a war area where the incidence of civilian venereal infection is bound to be reflected in rates of disease among service men, and notwithstanding the fact that 73% of the Negro women held for examination were infected with one or more of the venereal diseases, the police department has been denied the further right to hold anyone for any purpose without formal, previous and individual warrant.

7. Among the exponents of the many angles of attack on the problem of venereal infections, each follows his own line with fanatical indifference if not antagonism to the others. Medical men want 100% pasteurization of all sources of infection. The law enforcers want all infraction of law eliminated or punished. The lawyers and courts want the letter of the law fulfilled. The ministers want all sin stopped or paid for - by disease if necessary. The educators want all citizens to gain understanding. The social service workers want skilled casework services applied in full to all maladjustment. And we community organizers want to coordinate, even when services available are so inadequate that their coordination is like adding zeros to zeros.

These various positions are rather extremely stated. But there is sufficient reality in this single-mindedness of the proponents of causes in the field of venereal disease control to indicate a need for awareness on the part of all of them of the help each can be. This awareness should engender collaboration by all, for in our human world nothing works out 100% successfully. Just as all people differ so all corrective approaches can have value to certain individuals.

The causes of the spread of venereal diseases, as seen from the point of view of the community can be broken down still further, but let's content ourselves today by considering how to remedy these major causes. The causes themselves suggest ways to correct them.

First, the deep-lying fundamental causes that exist in the minds of men, such as an attitude of taboo and dishonesty or indirection in approaching the matter of healthful sex relationships, must be replaced by understanding, by direct admission of our adult shortcomings, by direct effort to face this matter squarely and by ingenious, articulate effort to develop the answers which satisfy the devastatingly honest inquiry of youth. This job lies within the field of parents, educators, psychologists and the true spiritual leaders. I cannot tell them how to do it, and I will not presume to tell them. All I can say is that their efforts have to be practical and concrete. As the youths themselves put it, this better be good.

Second, assured employment and adequate minimum wages for the heads of families is another long-time goal for which we must continually strive and sacrifice. War-time employment and war-time wages do not correct decades of living below decent subsistence levels. We citizens have a responsibility for securing permanent employment for all workers and income levels that give

their children full advantages.

We can meet this responsibility by encouraging, supporting and paying for in finished products the efforts of industry to bring about such stabilized employment; also by demanding and supporting broad social security measures, though our beginning efforts may have some flaws in them.

Third, by community demand and support we can get enforced laws and ordinances which prevent the employment of women and girls in such occupations and at such hours that we foster meetings of service men and girls for the spread of infection.

Fourth, unprincipled operation of hotels is hard to stop. But determined and broad community pressure to correct such abuses has never been observed during my months of experience. Yet the fact that hotels can clean house when the management wants to has been conclusively proved in this region. Do we want them to clean up badly enough to make it more comfortable for them if they do than if they do not?

Fifth, the public services that protect our youth will do for us the job we expect of them and the job we enable them to do. Have we taken the trouble to learn what our directors of police departments, health departments, social welfare agencies, recreation services and schools really need? Most of them would rather run good shows than poor ones, but have we offered our support and our money to help them run good programs for us and for our children?

Sixth, and most important, all individuals and groups that are working on venereal disease control can be most effective when they work together. This includes officials of military stations as well as all civilian officials and groups. But here again, let us remember that willing and able as military officials are to assist communities with control of venereal diseases by making pertinent confidential information available to officials and reliable civilian agencies, this assistance is definitely for the benefit of the community itself, as well as the armed services.

The immediate task before us is to use present available and possible means to reduce venereal infections among military, production, and civilian personnel. We are at war and time is of the essence. Therefore, devices and combinations of devices may have to be used now to which we were not accustomed during peace-time. For example, my friends in public health tell me they have ordinarily preferred the educational to the forceful approach in getting infected individuals under treatment. If they lost an infected person from clinic attendance, they would prefer to lose him rather than have him compelled by law to return, giving him and others the impression that treatment was a matter of criminal instead of medical procedure. Yet, these same friends tell me now that after police raids have been made on places frequented by unescorted and infected women, their clinics are swamped by the return of delinquent patients who come in voluntarily for treatment. So, for the present, it is evident to them and to all of us that the careful, intelligent use of law enforcement is a means of getting and keeping large numbers of infected persons under treatment. But let us never forget that

in the use of any service in this field, we are ourselves human beings helping other human beings.

I grant that in meeting our present great need to lessen venereal infections, we cannot wait to educate a new generation more completely, to change old adult attitudes, or to set up complete model laws and adequate public services. Yet, if we use what resources we have wisely and with broad understanding, we can take a great step forward toward developing the long-time services we want. And during war, we can change many attitudes and practices if this is necessary to victory. So, we do not delay community action by waiting for some master mind to be unleashed in our midst or for some master plan to burst into bloom. In the best American tradition, we carve what we need from what we find at hand, though it be a wilderness; and when we do this, democracy comes to assist us through our state and federal governments.

Practically, this means that as we are faced by additional needs for law enforcement, health, social, recreational or educational services, we use existing agencies wherever possible. We may have to adapt them, strengthen them, pull them into stronger combinations by inter-agency working agreements. But if we are smart, we do not waste time and launch a new set of rivalries by setting up new agencies and new staffs just because an old inadequacy or a new need is discovered. Another practical consideration in promoting effective community action is to keep all parts of the citizenship informed of the necessity and importance of the job being done. Give all a part in it. If Negroes are to be reached, tap the Negro leadership. If production workers are to be reached, use their organizations. If management can help, or hinder, for that matter, bring in management. All of us need to be needed and much work is done easily when its leadership is imaginative and skillful enough to let many groups and individuals see how badly and importantly they are needed.

In summary, these basic yet simple principles of effective community action simmer down to this for all of us:

(a) We choose any part of this job that suits us best, then work on it intelligently with the best professional assistance that can be bought or developed.

(b) We work together, pooling our particular interest and activity with the related efforts that are directed to the same goal.

(c) We begin where we are with what we have, bettering the quality of our services as we go and getting outside assistance as we prove our need for it and our ability to use it effectively.

(d) We carry all our citizens with us who have or can be given ears to hear and eyes to see, getting our job across to them in their own medium, whether it be the heart-throb column of the local paper or a lecture in the academy of medicine.

(e) We remain consciously and continuously human beings in our relationships with all other human beings.

(f) We do the war job before us with such thoroughness, ingenuity and soundness, that we all gain the knowledge of what we want in our long-time programs and develop some of the democratic community techniques for getting these programs established in the coming post-war world that is to be free of disease and want.

Finally, I should like to outline how these principles of community action have worked in specific war areas.

In Charleston, a large committee of citizens, including management and labor, city and county, along with representation from all army and navy posts and stations, was set up by the Mayor, who is also city-county coordinator of the Civilian Defense Council. Police health and welfare directors of the city and county participate in this action group. The Mayor and the Admiral of the Sixth Naval District shared in launching it and in charging it with its job, to minimize venereal infections in the war area. The large committee empowered the chairman to select a small executive committee with power to act on call.

In this framework, all military stations report daily to a civilian coordinator the prostitution and related activity in the community of which they have knowledge. Depending upon the nature of the activity, either the health department or the police department locate the individuals subjecting the armed forces to disease. Operators of taverns used as places of pick-up are compelled to clean up or close up. Employed girls and women who are found infected are placed under voluntary treatment and permitted to remain there as long as they continue treatment and do not again become spreaders of venereal diseases. Recalcitrant sources of infection are committed for two or three months to State quarantine hospitals, where they receive rapid medical treatment, occupational training, redirection and placement to the extent they can be led to accept these prior to discharge. Inexperienced and more or less accidental first offenders are assisted by the welfare department or U.S.O. - Travelers Aid to get out of the practices of promiscuous sex relationships before they are well into them. And incidentally, the development and continuance of this job has so far required monthly meetings of the over-all committee, weekly meetings of the executive committee, as well as some called meetings. But the work of these citizens and officials has itself been one of the best sources of community information, and has given a series of stories to the newspapers. My last figures on Charleston showed a low rate of infection in the Sixth Naval District, a large part of which is the Charleston Navy Yard; rates below ten per thousand per year in four army stations nearby, but a high rate in the remaining army unit. But both Army and civilian officials have the ways and means for tackling this high rate and are using them. And finally, Charleston is not precisely the place where girls and women choose commercial dates as an easy livelihood, and neither are infections among them going unnoticed and untreated.

In Spartanburg, a similar army-community participation has been set-up. There the health department has been doing its regular follow-up of contacts and the police department its regular job of picking up bell-hops,

taxi drivers, and women engaged in prostitution or related practices. Here, the girls held in jail are not only given health examinations, but an opportunity to talk with a staff member of one of the local casework agencies. In those instances where a social treatment plan can be worked out, the court directs that the plan of social treatment be used instead of passing sentence. Also in Spartanburg, the Negro leadership became sufficiently interested to ask an over-all educational campaign in Spartanburg. Their interest and their evident willingness to participate in such a campaign under sponsorship of the local social protection committee was so great that the State health department gave weeks of the time of its educational director in the division of venereal disease control to help them. The campaign fairly raced through the community with radio time, newspaper space, motion pictures, mass meetings, etc., lavishly given and widely received. Diagnostic and treatment clinics felt a great impact of the effort.

Examples of some progress are almost endless, but those just described show a few ways in which communities are beginning to tackle this problem for themselves, and to add the results of their efforts to those of the surgeons, venereal disease control officers and line officers within our armed services.

In this outline of community action for the protection of our own thousands of casualties from venereal diseases among women and girls, and for the supplemental protection of our armed service men, little that is new has been said. No new principles of community organization, of public health, of law enforcement, or of gaining the higher levels of accomplishments that are nourished by the love of a man and woman are set forth. Like the principles of democracy, these others are now old; and also like the principles of democracy, their benefits can be enjoyed only through concrete use. We can use them, and we must use them, in our individual and community action, or else for us and for our children they are already lost.

INDUSTRIAL HYGIENE*

By

Lester M. Petrie, M.D., M.P.H.
Director Industrial Hygiene Service
Division of Preventable Diseases
Georgia Department of Public Health

The death last month of Dr. George Washington Crile, Founder of the great Cleveland Clinic, brings back to our minds the great disaster which occurred in 1929 when the Cleveland Clinic was destroyed by fire with the loss of 125 lives. This disaster was a spectacular illustration of an industrial health exposure, the control of which is typical of what we are doing in industrial hygiene today. The modern electric welding arc causes the nitrogen in the air to be oxidized to nitric vapors NO , NO_2 , N_2O_4 . It was the inhalation of these same nitric vapors which caused death in most of the victims of the Cleveland disaster, although during the actual exposure to these vapors the only symptoms were some irritation of the eyes and respiratory surfaces, and the severe lung symptoms and collapse followed frequently by death did not set in until four to eight hours later. In this type of poisoning, unless the history of exposure is recognized, the resulting illness and death may easily be misdiagnosed as ordinary pneumonia. But whenever an electric arc welder does his welding in enclosed spaces, as in the ballast tanks of ships or inside boilers, he is exposed to potentially dangerous concentrations of these vapors and of other dangerous metallic fumes, unless safe air is assured by the correct use of carefully designed ventilation equipment.

The illustration just given is only a typical example of the hundreds of recognized occupational disease hazards which exist in our modern industrial plants. There is no complete listing of all occupational diseases. Some one asked little Johnny, "Have you heard the latest", and received the prompt reply, "No, 'tain't out yet". The same applies to occupational diseases. The latest "ain't out yet". Day by day, Dupont or Dow Chemical or someone else comes out with some new industrial chemical or some new process which adds new hazards to our already long schedule of occupational diseases. Without attempting to enumerate them all, we can classify most of them however under the following headings:

- 1) Infections
- 2) Dust diseases
- 3) Metal fume fevers
- 4) Chemical poisoning, including gases, fumes, vapors, mists, smokes, etc.
- 5) Harmful rays and emanations, such as x-rays, radium, and other radioactive substances, and ultra-violet, and infra-red rays.
- 6) Harmful changes in temperature, pressure, and humidity.
- 7) Occupational dermatoses or skin diseases.
- 8) Allergy
- 9) Fatigue
- 10) Electric Shock

* Read before the Southeastern States Social Hygiene Day Meeting in Atlanta, Georgia, February 3, 1943.

A beginning awareness of these problems was evidenced when the Medical Association of Georgia organized an industrial relations committee in 1921. The name was changed to the Committee on Industrial Health in 1939. The Georgia Department of Public Health has long realized its obligations under the broad coverage of our health laws to assume leadership in matters pertaining to the life and health of the industrial workers. In 1941, we established our Industrial Hygiene Service in the Division of Preventable Diseases. Qualified medical, nursing, and chemical personnel were employed. Special laboratory facilities were provided and a reference library was started under a trained librarian. Field equipment has been provided by which samples of toxic substances in the industrial environment are collected for identification and evaluation. Recommendations for their control are then prepared and submitted to management. Through the industrial hygiene service all the facilities and resources of the State Health Department are made available to our State industries. Assistance from the Division of Industrial Hygiene of the National Institute of Health is also available and is frequently used.

The great general scarcity of highly specialized equipment such as we have, as well as a scarcity of personnel qualified to use it and interpret the findings, make it practically impossible for our Georgia industries to obtain similar industrial hygiene services elsewhere. Nevertheless, there are no fees charged, for our work is considered to be a public service in the interest of public health. For convenience we have prepared for free distribution the following one page outline of services available to industry.

"INDUSTRIAL HYGIENE SERVICES WHICH ARE AVAILABLE TO INDUSTRY"

1. SURVEYS:

- (a) To estimate the cost of illness to both the employer and the employees.
- (b) To gain information as to absenteeism resulting from illness, whether it be of occupational or non-occupational origin.
- (c) To gain information relative to the medical, sanitary, safety and welfare facilities available to plant employees.
- (d) To evaluate the potential health hazards and the existing control or preventive measures in the plant.

2. QUANTITATIVE STUDIES. To evaluate the exposures of workers and to provide a basis for control measures. These include:

- (a) Studies of toxic dusts, fumes, vapors, gases, mists, or other air contaminants.
- (b) Illumination studies.
- (c) Humidity and temperature studies.
- (d) Studies of any other environmental conditions which may effect the health of workers.
- (e) Clinical laboratory studies of workers affected by hazards.

3. CONTROL MEASURES. Assistance in the elimination of specific hazards in

plants where studies have indicated their existence:

- (a) Recommendations for corrective measures.
- (b) Reviewing plans and specifications for new installations.
- (c) Checking the effectiveness of corrective devices through quantitative field determinations after they have been put into operation.

- 4. RECORDS. Assistance in developing and maintaining physical examination and absenteeism records, and assistance in statistical analyses of such records.
- 5. CONSULTATION SERVICE. Medical, nursing, engineering, and chemical problems which relate to the health and productive ability of workers."

We work in close harmony with the industrial hygiene service of the United States Army and with similar organizations in the Navy and Maritime Commission. But since a greater portion of war material is produced by private industry, the responsibility for industrial hygiene service to privately owned plants under war contract has been delegated to us. So many important problems associated with war plants are being brought to us, that our work for the duration is practically confined to plants having war contracts. We regret that certain industries in the State, which are not engaged in war materials, will have to wait, not only because the war industries require all our time at present but also because priorities make it impossible for a non-essential industry to secure protective equipment.

Our discussion, so far, has been stressing the diseases and accidents which are indigenous to the occupations. And as long as industry was interested primarily only in those accidents and illnesses for which it was held accountable by compensation laws, industry did not concern itself particularly with illnesses of non-occupational origin. Hence, in the past, well-organized industrial services have hardly been found except in a few of the larger companies. Most of these have grown like Topsy through a rather haphazard method of trial and error. Most often the interest in health has resulted from accidents and injury compensation cases and the extent of the service has usually been a safety program and provision for surgical care of compensation cases. Efforts to prevent the illnesses of non-industrial origin had been limited even in these larger organizations and had been nearly non-existent in the smaller. They had not realized that over ninety percent of their lost time for illness is due to non-industrial causes and that progressive companies elsewhere have estimated savings as high as \$70 per employee per year for a preventive program for non-industrial illnesses.

Failure of industry to plan for these medical services has left the employee to shift for himself. Most of the workers' wages have been too low to meet the cost of first-rate medical care in addition to the everyday necessities of life. Even in the light of the above limitations, it is probably that the attention given to their employees by some of the larger concerns has been a considerable factor in their success. In this competitive world they have found that productive capacity per man is just as

important as productive capacity per machine. It makes little difference in terms of lost production whether a man and his machine are idle because of an industrial accident or because of some non-industrial illness such as pneumonia, tuberculosis, heart disease, or syphilis. In either event, the production is lost, but statistics such as I quoted before show that non-occupational illnesses and accidents account for more than ten times as much illness absenteeism as do all occupational illnesses and accidents combined. Let's see what this means. It has been estimated that illness and accidents accounted for 400,000,000 man days lost from work in American War industries in one year. Ten percent of that is 40,000,000 man days lost because of occupational accidents and diseases as compared with 90 percent or 360,000,000 man days lost because of non-occupational illnesses. If this can be reduced by 20 percent to 50 percent as has been estimated through application of present knowledge of preventive medicine, why not do it? We have developed an overall balanced industrial health program whose objective is to contribute our share to that reduction.

This model health program, which we are promoting, highlights the prevention of preventable illnesses, especially those known to be leading causes of death or morbidity among industrial workers. Especially emphasized are:

- 1) Occupational diseases and accidents
- 2) Chest x-ray for tuberculosis
- 3) Blood test for syphilis
- 4) Immunization against smallpox, typhoid, and tetanus
- 5) Prevention of nutritional deficiencies

Arrangements are made with the local health department and members of the local medical profession for suitable follow-up control measures and treatment.

Among the first places where we attempted to put this program in effect were our Georgia shipyards. Our program, in principle, received the enthusiastic endorsement of the regional representative of a large insurance company which was involved. At his suggestion, and to facilitate the machinery for putting the program into effect, the plan was written up and submitted to the Maritime Commission in Washington for consideration on a nationwide scale. This was found necessary to secure the backing needed to put the program into effect in the Georgia yards. An outgrowth of this has been the establishment of a health control section in the Labor Relations Division of the Maritime Commission, which has established minimum health standards for all the Maritime Yards. Machinery has been set up with the assistance of medical and engineering personnel loaned to the Maritime Commission by the United States Navy to assist in setting up these standards in the yards and to assure their maintenance. A model program is already underway in one Georgia Maritime Yard and similar programs are being developed in the other Maritime Yards in our State.

The success of any industrial health service depends first and foremost on adequate medical, nursing, engineering, and chemical personnel. The problems in all these fields are so diversified and intricate that we have yet to find any one person who knows all the answers. Through our pooled resources however, our industries are able to develop more effective programs with the personnel which they have available.

The mechanisms through which the control of the many illness hazards is attempted include

- 1) Adequate housing and equipment for medical and safety departments, strategically located within the plant.
- 2) Pre-placement physical examinations of all employees, and assignment of each to an occupation for which he is best fitted. Executives are included in this program.
- 3) Periodic examinations, including any special medical and laboratory studies indicated as a result of exposure to specific hazards.
- 4) Provisions for adequate feeding through cafeterias, canteens, victory lunches, package lunches, food demonstrations, cooking schools for housewives in workers' families, nutrition committees, etc.
- 5) Surveys to determine sanitary and occupational hazards and engineering and medical control measures.
- 6) Nursing follow-up of sickness absenteeism. Production is stopped just as effectively if the worker stays home because of illness in his family.
- 7) Absenteeism records.
- 8) Rehabilitation service. Suitably trained cripples make reliable workers and become more stable employees than the so-called physically perfect group.
- 9) Health education, particularly through the personal touch. Also through talks, movies, posters, pamphlets, etc.

SUMMARY

Not many years ago, Industrial Hygiene was considered to be a branch of the fields of medicine, engineering, and chemistry dealing almost exclusively with diseases due to occupation. But we have shown that illnesses of non-occupational origin should be of as much or more concern to industry. Therefore modern industrial hygiene may be defined as that branch of the medical, nursing, engineering and chemical sciences which is concerned with the study of the effects of environmental conditions in industry upon the health of industrial workers, and with the application of the principles of preventive and curative medicine and engineering in industrial establishments.

We know enough to make every job safe, healthful, and more productive. The problem is to apply this knowledge. We must be health conservators as well as health repairmen. Our major unsolved problems today are those of procurement; procurement of materials and equipment and procurement of trained personnel.

Address given by
Dr. Stuart G. Oglesby,
Pastor Central Presbyterian Church,
Atlanta, Georgia, at the Southeastern
Regional Conference on Social Hygiene,
at the Biltmore Hotel, Atlanta, Georgia,
February 3rd, 1943.

THE PLACE OF THE CHURCH IN THE PROGRAM OF SOCIAL HYGIENE

The Church is in favor of every movement which turns light upon evil - evil conditions, evil actions, evil men. Men still love darkness rather than light when their deeds are evil, as they did in the days of Jesus. The Church has not always used to the full its influence in supporting movements outside its own control which seek to better the conditions of life. Whenever it does, there always follows much criticism of the Church for going outside its true field, especially from those who have been hurt.

Hon. Alan Johnstone, in his admirable address at luncheon, mentioned the fact that in Atlanta about 30 years ago, Police Chief Beavers closed up the segregated or red-light district and was later removed from office for so doing. Being defended by the late James L. Key, he was restored to office and Mr. Key was elected mayor. The older leaders of the churches in Atlanta know that this came about through the influence of the Men and Religion Forward Movement, whose guiding spirit was the late John J. Eagan. It was this organized group of church people which caused the district to be closed, which supplied the money and force to restore the ousted chief of police, and which stood behind the candidacy of James L. Key and his program of decent government. This story of what the Church did and what the Church can do in such matters needs to be told and retold.

The Church as a whole is now beginning to wake up to the part it can play in the social hygiene program. However the Church is conservative and moves slowly in the direction of new things. This is sometimes unfortunate, but it is also sometimes fortunate in that thus a much needed stabilizing influence on life is provided. And I am quite sure that in this regard the Church is not slower than medical associations, or even social organizations. If anyone doesn't believe this, merely let him try something which doesn't fit into the categories of these groups and seems to encroach on their preserves!

WHAT ONE CHURCH IS DOING.

Largely due to the influence of John J. Eagan, who took his religion seriously and made an earnest effort to put into actual practice in life the teachings of Jesus in the Sermon on the Mount, Central Presbyterian Church, in the heart of down-town Atlanta, has long been interested and active in ministering to the needs of the poor. A Baby Clinic was established 20 years ago and more than 12,000 babies have been given medical or

surgical treatment through the Clinic. From the very start a clinic for the treatment of congenital syphilis has been conducted. In the files of this department might be found the record of many tragic stories. Children have been brought to the Clinic temporarily blind, or paralyzed, from the effects of this treacherous disease. In this department, the volunteer lay workers of the church have truly learned that the way of the transgressor is hard, and they have seen abundantly illustrated the visiting of the iniquity of the fathers unto the children unto the third and fourth generation.

Recently, a new Venereal Disease Clinic was established in the neighborhood of Central Church. The facilities of our Clinic have been opened to the treatment of all patients from this new clinic who are six years old and under.

It is not necessary or desirable for every church to do just this type of work, but every church can play some part in the great campaign of social hygiene.

DIFFICULTIES.

Some of the difficulties which the Church meets in taking part in Social Hygiene education are peculiar to its work. This will only be listed briefly.

1. Opposition to instruction from parents. Some parents do not want any instruction along this line given their children, while others have a real fear of the task being poorly done by those who are incompetent.
2. From Sunday School teachers and church leaders, especially of the older generation, often comes surprising indifference, if not open opposition, to any program which includes instruction in the matters of sex.
3. It is very difficult for churches to obtain competent instructors in Social Hygiene. Often doctors show a great reluctance to teach this subject.
4. The Church is prevented from carrying a spiritual ministry to those who are confined in hospitals or institutions. One who has a venereal disease is sick not only physically but also mentally and spiritually. Doctors, social workers and religious workers should cooperate in his restoration. So far, the Church has been offered no share in this work.
5. The lax marriage laws of the State which permit marriages without physical examination have been a source of continual trouble to the Church and to the clergy. Even when a minister is most careful to establish the identity of the couple he is to marry and their legal right to be married, he is still unable to determine whether or not he may be unwittingly perpetuating venereal disease.

THE PART RELIGION CAN PLAY.

Laws are not enough to establish purity in sexual life. Even law enforcement is insufficient. Information is not enough. We know well enough

that we do not live up to the information we already possess on many subjects. Even light on conditions is not enough. There must be something else if permanent results are to be accomplished.

Religion reaches down and touches the springs of conduct in a man's life. It is necessary that these springs be purified. This can only be accomplished by religion - religion working in cooperation with all the other agencies at work on the problem.

The Church alone can teach a high doctrine of marriage in such a way that it will be accepted. The Church alone can properly prepare men and women for marriage. The Church alone can exalt the procreative functions of men and women as ordained of God for the purpose of producing a Godly seed, or race.

Working together with other agencies, the Church can, and will, do far more in the future in this important work than it has ever attempted in the days past.

FITNESS FOR FREEDOM

by

Surgeon General Thomas Parran
U. S. Public Health Service

Ladies and Gentlemen: You here today, together with fellow Americans in many parts of the country, have dedicated a good part of your lives to the advancement of social hygiene. As a first objective, you have striven to lift the siege of venereal disease from our land. Recently you have witnessed events in science which should speed the day of success. You sense an ending within the life-time of many of us here of the long and terrible bondage in which syphilis and gonorrhea have held the people of America. Veterans of a day when courage and convictions were all there was to fight with, you have now in your hands sharp new weapons forged by modern science.

National Social Hygiene Day is the time when we meet with our allies and new recruits to survey gains and losses and to map campaigns for the coming year. Hundreds of these meetings are being held throughout the nation.

It was only a few years ago that the nation finally began to realize that syphilis and gonorrhea are prime wasters of manpower, that they do enormous human damage, cost enormous sums. It is fortunate that we began to tackle this problem aggressively prior to the onset of war. The basic strategy of the campaign is simple; Break the long chain of infections from one person to another, - a chain that has extended across centuries of human suffering; find venereal disease and treat venereal disease; reduce the number of infectious contacts and the number of infections. Simple in concept, the execution of this strategy has been complicated. It has required the training of an army of skilled workers, the establishment and upgrading of laboratories, the securing of Federal, State and local money, the passage and enforcement of laws, the mobilization of community support, the organization of treatment centers and hospitals, and coordinated research to develop improved control methods.

A good groundwork has been laid and results are becoming apparent. The National Venereal Disease Control Act was passed in 1938. Each year since then, additional funds have translated its purposes into action. The \$25,000,000 now being spent jointly by Federal, State, local and voluntary sources is being put to work on 3,000 community fronts in every state.

Since 1938, clinics operating under the Federal-State venereal disease control programs have admitted for treatment 1,540,000 cases of syphilis and gonorrhea, a large part of which were in the early and infectious stages which can be made non-infectious in a relatively short time. In addition, hospitals and private physicians have reported

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victory on this health front. We have seen our own hard work bring signs of a lifting of the long siege in which our people have been held by syphilis and gonorrhea. If we are not to lose the gains, we must redouble our efforts. This is not a static war. A sharp attack is the best defense. We have the weapons to insure victory.

As our nation girds for all-out action to win this war, it must cast off every unnecessary burden. We can afford to waste nothing. Preventable diseases are a burden that can be measurably lightened. Syphilis and gonorrhea should be the first to go.

Moreover, we can secure results which transcend mere freedom from disease. Recall if you will, the President's reference to our "national concern for total physical and moral fitness." Moral laxity is at the root of these infections, because of the biologic accident that the causative organisms thrive best on genital mucous membranes. Therefore, we cannot neglect moral prophylaxis even though the sum total of its ideals is not attainable here and now. Social hygiene falls short of its goal if it deals only with the prevention of disease. In fact, I do not believe sexual morality should stand or fall on its relationship to venereal infection. We hope our children will attain it, not because they fear infection, but because they understand and want the advantages of a better way of life; because they respect the dignity of the human body and the creative purposes of sex.

There is a certain analogy here between the objectives for which we are fighting the war and the objectives of social hygiene.

The war is not merely a conflict of arms. It is a conflict of ideals and of moral principles. We seek to destroy our enemies in order to survive as a free people. We seek to assure the four basic human freedoms, to extirpate from the minds of men the atavistic anti-Christian concept of slave state and master race. We detest this totalitarian, Nazi creed; we put our faith in the Christian, democratic concept of the inherent nobility and dignity of man.

On the social hygiene front, we are seeking to destroy a major enemy within our borders, the venereal diseases, in order to survive as a more healthful people. That is a first step, attainable in our time, but it is not the sole objective. We should not permit the smoke of battle to blot out the long-range view; Social hygiene is concerned with the health of man as a member of society, his physical, mental and spiritual development in a community of free men.

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